

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

**Instructions**

1. Print in ink or type.
2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
3. This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 08/02/04

TERM

1040963

1. NAME Antrobus Elise Linden
Last First MI2. BUSINESS PHONE 404.350.98003. BUSINESS ADDRESS 1716 Peachtree St. NW Ste. 100 Atlanta, GA 30309
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER March of Dimes, Georgia Chapter5. EMPLOYER'S ADDRESS above
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name March of Dimes, Louisiana ChapterAddress 12015 Justice Avenue Baton Rouge, LA 70816Business or purpose improve the health of babies by preventing birth defects & infant mortality☐ New Representation

Does this person pay you? _____

If No. who pays you? _____

☒ Terminated Representation as of June 30, 2004LOUISIANA
ETHICS ADMINISTRATION
CAMPAIGN FINANCE
RECEIVED
AUG -4 PM 12:45

SUPPLEMENTAL REGISTRATION FORM



2. Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____
3. Name N/A
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Elise Linden Antrobus
Signature of Lobbyist